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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/522,030	
	Filing Date	01/21/2005	
	First Named Inventor	CRITOPH, Robert Edward	
	Art Unit	3744	
	Examiner Name	Nalven, Emily Iris	
Total Number of Pages In This Submission	4	Attorney Docket Number	1170.003

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.62 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Election of Claims 1 - 11 (Group I) in response to restriction requirement		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Gamburd Law Group LLC		
Signature			
Printed name	Nancy R. Gamburd		
Date	December 20, 2007	Reg. No.	38,147

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Election of Claims

IN THE UNITED STATES PATENT
AND TRADEMARK OFFICE

5 **Patent Application****Inventors:** Robert Edward Critoph et al.**Examiner:** Nalven, Emily Iris**Serial No.:** 10/522,030**Group Art Unit:** 3744**New Docket No.:** 1170.003**Filed:** January 21, 200510 **Entitled:** Thermal Compressive Device

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December 20, 2007

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**CLAIM ELECTION UNDER 37 CFR 1.143
IN RESPONSE TO RESTRICTION REQUIREMENT**

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Honorable Commissioner of
Patents and Trademarks
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Sir:

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In response to the restriction requirement in the Office Action mailed
September 26, 2007 (Confirmation No. 1516), Applicants hereby respectfully submit the
following Election of Claims under 37 CFR 1.143.

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